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CONFIRMATION NO. 1749

<b>SERIAL NUMBER</b> 10/533,618	<b>FILING OR 371(c) DATE</b> 02/06/2006 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 30187/41217	
<b>APPLICANTS</b> Martin Kintrop, Gauting, GERMANY; Heike Thuring-Nahler, Oberasbach, GERMANY; Lilly Kronsteiner, Planegg, GERMANY; Vera Helbl, Munchen, GERMANY; Heinz Engel, Munchen, GERMANY; Ludwig Furtmayr, Steingaden, GERMANY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/12011 10/29/2003					
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 50 368.0 10/29/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 4743					
<b>TITLE</b> Means and methods for diagnosing a treponema infection					
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		